PATENT APPLICATION FEE DETERMINATION RECOR

Effective October 1, 2003

Application or Docket Number

10/511733

	CLAIMS AS FILED - PART I												
	(Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN		
1	OTAL CLAIM	S [.]			100.0	1001011111 21				OF.	SMALL ENTITY		
 -	OR						1	RATE	FEE		RATE	FEE	
-	••		NUMBER FILED		NUMBER EXTRA			BASIC FE	Ε	OR	BASIC FEE	250	
TOTAL CHARGEABLE CLAIMS			minus 20=			·		X\$ 9=		OR	X\$18=		
/}—	DEPENDENT (2 minus 3 =					X43=		OR	X86=		
Ľ	OLTIPLE DEPE	NDENT CLAIM F	RESENT					+145=		OR	-290=		
:1	f the difference	e in column 1 is	less than z	s than zero, enter "0" in column 2			į	TOTAL		OR	TOTAL	900	
CLAIMS AS AMENDED - PART II								, 0 ,, ,,	L	104	OTHER	1.50	
-	 	(Column 1)	·	(Colum	n 2)	(Column 3)		SMALL	ENTITY	OR	SMALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		=		XS 9=		OR	XS18=		
	Independent	*	Minus			=		X43= ·		OR	X86≃ ·		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=		
·								TOTAL			TOTAL		
		Α	DDIT. FEE	<u> </u>	JON ,	ODIT. FEE							
AMENDMENT B		CLAIMS		(Colum HIĞHE		(Column 3)	<u> </u>		4001				
		REMAINING AFTER AMENDMENT		PREVIOL PAID F	JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus .	**		= 		X\$ 9=		OR	X\$18=		
AM	Independent	NITATION OF ME	Minus	tm		=		X43=		OR:	X86=		
<u> </u>	THOTFRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM		┚┝			-			
							Ŀ	+145=	7	OR.	+290=		
		ΑŪ	TOTAL DOIT, FEE		OR A	TOTAL DDIT. FEEL							
(Column 1) (Column 2) (Column 3). CLAIMS HIGHEST												ł	
5		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	ER JSLY	PRESENT EXTRA	-	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	* .	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		= .	-	V42		٠٠٠ <u> </u>			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X43=		OR	X86=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20. **The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR L	+290=		
	he Highest Num	nber Previously Pai ber Previously Paid	IO FOLIN THIS	COACE ic I	ace than	3		OIT. FEE L			DDIT. FEE L mn 1		
DEL	PTO 677 10- 40												